

Signature PETER CONSOLI  
Typed or Printed Name of Person Signing Certificate

[illegible]

Page 2

Basic filing fee	\$355
Total claims in excess of 20 times \$9	\$180
Independent claims in excess of 3 times \$40	\$80
Fee for multiple dependent claims	\$0
Total filing fee:	\$615

If this application is found to be incomplete, or if a telephone conference would otherwise be helpful, please call the undersigned at (617) 542-5070.

Please send all correspondence to:

Respectfully submitted,

30034260 doc